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ABSTRACT

The ramifications resulting from a social system organized on a male hierarchy which devalues and is insensitive to the female experience are keenly felt in the professions of psychiatry and psychology. Borderline personality disorder which, over the past decade has gained popularity in the literature and in clinical circles, is predominantly diagnosed in women. The borderline syndrome is generally defined as a pathological response to separation and individuation. These individuals lack a clear sense of who they are and feel empty and alone. Their inability to gratify their emotional needs results in unstable and intense interpersonal relationships marked by clinging dependency; they are unable to effectively channel their aggression and often turn it against themselves. These characteristics, albeit extreme in borderline individuals, have been traditionally viewed as feminine concerns and behaviors. Behaviors which characterize the borderline personality may be viewed on a continuum representing the dilemmas related to sex roles and social expectations within a male-defined social system. Women's issues and concerns are historically intertwined with psychiatric disorders, especially during transitional periods in society. (Author/NRB)

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" BORDERLINE PERSONALITY: A NEW PSYCHIATRIC SYNDROME OR ANOTHER EXAMPLE OF MALE DISAPPROVAL OF FEMALE BEHAVIOR? "*

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BORDERLINE PERSONALITY: A NEW PSYCHIATRIC SYNDROME OR ANOTHER EXAMPLE OF MALE DISAPPROVAL OF FEMALE BEHAVIOR?

The previous paper* has laid the groundwork for understanding why some women "fail to thrive" as adults in this culture. The ramifications resulting from a social system organized on a male hierarchy which devalues and is insensitive to women's experiences are keenly felt in the professions of psychiatry and psychology. My paper attempts to look at the socio-political implications for women of this "cradle to couch connection" by highlighting a particular psychiatric syndrome called borderline personality disorder, which over the past decade has gained increased popularity in the literature and in clinical circles. My personal experience working in a psychiatric hospital made me acutely aware of this condition as more commonly diagnosed in women, a fact also noted by the American Psychiatric Association in their latest edition of the Diagnostic and Statistical Manual of Mental Disorders, better known as DSM III. The borderline syndrome is commonly defined as a pathological response to separation and individuation. The extreme vacillation between dependency and self-assertion experienced by borderline patients, is an exaggeration of what appears to be normal female behavior referred to in the last paper. The current period of economic and social unrest tends to aggravate the conflicts that have always existed in this culture and specifically between men and women. It is the premise of my paper that women's issues and concerns have historically become intertwined with psychiatric disorders, especially during transitional periods in society. I will begin my argument by citing several examples from the mass media which I feel dramatically illustrate the impact and extent of these problems in today's society.

The following newspaper article appeared in the Boston Globe on September 23, 1979. The headline reads :

*" The Circle Game: Mother-Daughter Relationships Reconsidered " by Robin Hasenfeld, Brookline, MA.

Mother planned suicide after murders, police say

United Press International

MOUNT CLEMENS, Mich. — A Detroit-area woman held in the slayings of her three children left behind a will and apparently planned to kill herself, too, but "chickened out," detectives said yesterday.

Patricia Dueweke faced three counts of first-degree murder in the shootings of her daughter, Cynthia, 16, and sons Mark, 13, and Karl, 12. She was held without bond in the Macomb County Jail.

Police speculated that Dueweke waited for the children to return home from school Thursday, shooting them one-by-one with a six-shot, .357-magnum pistol.

It appeared that the woman sat up all night with the bodies, then telephoned her ex-husband, Ralph, Friday morning to tell him of the shootings. Dueweke was at the home when police arrived.

"Mrs. Dueweke told her husband she had planned on killing herself but she chickened out," said Lt. Lloyd Rivard, chief of detectives at the Macomb County Sheriff's Department. "She couldn't do it."

Police arriving at the home found the woman "wrote a will leaving everything to her husband. She specified her choice of a funeral home," Detective Sgt. Gail Caudle said.

Police said they found 24 spent bullet casings in the home, some of them in the basement, where she apparently had set up a target to practice with the pistol.

One friend said Dueweke, 42, had been despondent over her Aug. 23 divorce and the prospect of raising the children alone.

"She was unsure about her future because she had no job training," said Roger Gill, a next-door neighbor and long-time friend of the woman and her ex-husband, a school social worker.

Neighbors said the Duewekes were active in school affairs and led a quiet life prior to the divorce. They enjoyed camping and often were seen canoeing on the Clinton River, which ran near their home.

"She was just a supergood neighbor," Caudle said. "She was a timid individual who kept everything to herself and never created any problems for anybody."

Mrs. Dueweke is a woman who confronted the reality edges of the American dream promising ".....happiness forever after " with corresponding rage and violence. The act of a"crazed"person will no doubt be the accepted explanation. What is noteworthy about this tragic incident is that the woman has not gone mad in the historical ways many women have expressed their frustrations and despair, by harboring guilt-ridden fantasies and/or delusions of vengeance or power. She has externalized her pain, choosing a violent means to end the struggle. The timid "keep to herself" Mrs. Dueweke had not only committed murder, she had transgressed the boundaries of her conditioned female role. In her seminal work Women and Madness, Phyllis Chesler (1972) commented on this kind of behavior:

> Neither genuinely mad women, nor women who are hospitalized for conditioned female behavior are powerful revolutionaries. Their insights and behavior are as debilitating (for social reasons) as they are profound. Such women act alone, according to rules that make no "sense" and are contrary to those of our culture. Their behavior is "mad" because it represents a socially powerless individual's attempt to unite body and feeling.(p.56)

The bestselling novel, The Women's Room by Marilyn French (1978),describes the inner turmoil and painful self-awareness of women searching for a more

meaningful context in their lives. In the following passage, the main character, Mira, is remembering her formerly married existence, which French describes as follows:

> She needled rather than raise her voice, she never threw tantrums. She was a perfect mother;she never struck her children, they were clean and well-fed. Her house shone. Her meals were edible. She kept her figure. She had done it all, everything the magazines,the television, the newspapers, and the novels, everything they told her she was expected to do.She never carped when Norm was out late night after night; she never ecpected that she and the boys should come before his work; she never asked him to do anything around the house....She had done everything right, she had been perfect and he had still come home saying, " I want a divorce ". Thinking it, she was filled with outrage, she threw her glass across the room, spilling brandy on the carpet, splashing it on the walls, and the glass flew into shards and spattered her mind. She remembered the last time thoughts like these had invaded her perfectly made-up mind, and she had stumbled crying upstairs and seized a razor blade and hacked at her wrists, even then attacking herself, still Mrs. Perfect Norm.(p.340-1)

Last year's hit film, " The Rose ", supposedly based on the life of Janis Joplin, advertises its heroine as a women who " gave...and gave...and gave.... until she had nothing left to give". In a critique of the movie, a local feminist critic, Leslie Hepburn (1979) describes the character, who is played by Bette Midler:

> The Rose is strong and she is helpless. Her magnetic intensity is sparked by her desperation (to be loved). She invokes lust and and she invokes pity. She is portrayed as vulnerable, talented, and doomed..a vital woman whose vitality doubles back on her as she strikes out against her powerlessness...Bette Midler's performance seems to carry with it the whole history of women's anguish. She does not become hysterical...she loses control, unable to contain a rage that is fueled by the suffering of the ages.(p.15)

Three women, caught in the morass of conventional expectations and obligations, lash out at the world and at themselves. Their actions point to the gradual surfacing of aggression in females today, which is concurrent with the social upheaval and discontent evident in the mass culture. M. Esther Harding (1976), a Jungian analyst, has written about the gradual change in mythology of the form of the female goddess, from "animal-like" to "loving and nurturing", which corresponded to the progression of civilization:

> This situation is not far removed from the condition of our own civilization today. Our women have learned human manners and emotions..pity,consideration,love; but not far beneath the surface, slumbering in unconsciousness, the old primitive form of feminine instinct lurks, ready to spring up again and perhaps even to reassert its power over consciousness in any really critical situation. If a woman's babe is starving to death, no one is surprised if she should revert to primitive ways of satisfying its needs, or if this seems impossible, she may even destroy it in the face of dire necessity. (p.50)

A critical situation does exist today which is affecting the sanctity of our patriarchal system, the nuclear family. Its members are experiencing rapid social changes due to shifting roles and values within our contemporary society. The traditional ideal of the American family, consisting of a male wageearner and a female homemaker, is almost a rarity today as women comprise at least 50% and rising of the work force in this country. Starting in the sixties, middle-class women entered the labor market because of economic necessity and in many cases because they were "going crazy" at home. Working-class families have always depended on the additional or sole income of the wife or mother, long before the impact of the women's movement. Present conditions only serve to strain their relationships even more as unemployment, lack of housing, and cuts in necessities affect these families more significantly. The rage and violence usually associated with the "plight of the poor" have surfaced in all segments of our society. Rising divorce rates, increased awareness of domestic violence, excessive use of drugs and alcohol, and growing statistics of teenage suicide, are some of the more glaring symptoms of the current American malaise. The breakdown of the family unit is especially crucial to women who have been raised to assume their primary roles as wives and mothers, regardless of any work or school involvements. The pursuit of love, marriage, and motherhood no longer carries a life-time guarantee of happiness and security. Although the women's movement of the late sixties and seventies did not cause the unsettling conditions in today's social environment, contrary to what many critics would like us to believe, its impact on an entire generation of daughters

is evident in the mass culture.

In their book about the history of women's oppression by the psychomedical establishment, For Her Own Good, Barbara Ehrenreich and Deidre English (1979) cite the spread of the "singles lifestyle" in the sixties and seventies and the elevation by the media of the "liberated" female:

> But for women it was an ambiguous kind of liberation. After the old dependency came the new insecurity of shifting relationships, a competitive work world, unstable marriages.. an insecurity from which no woman could count herself "safe" and settled. There was a sense of being adrift, but now there was no one to turn to. (p.284)

However, women did turn in increasing numbers to psychiatrists and related professionals, mostly male, who were ready to serve the needs of women who had lost their moorings in this sea of change and uncertainty. They presented with symptoms of depression and confusion. They felt helpless, powerless to change their lives, uncared for, and often suicidal. In Women and Madness Chesler (1972) established a relationship between the absence of overt anger in women and the appearance of depressive symptomology. One of her most thought-provoking ideas based on clinical observation and research, was her claim that most women are "glassed into infancy" and perhaps into some form of madness by an unmet need for maternal nurturance. Chesler went on to say that it was safer for women to become depressed than physically violent since they usually lost physical battles with male intimates, are abandoned by them and labeled "crazy" or "unfeminine", or are frequently psychiatrically or less frequently criminally incarcerated. I might add that since the publication of Chesler's book, the major crime rate for females has increased three times compared to the same rate of increase for males.

In a recent paper presented at the 31st International Psychoanalytical Congress , Joan Zilbach, Malkah Notman, Carol Nadelson, and Jean Baker-Miller, (all from the Boston area) attacked the male-based formulations in psychoanalytic theory for not recognizing and accepting the aggressive drive in women. They noted

that depression, overt passivity, and helplessness commonly observed in women, may serve to hide the more threatening internal perceptions of aggression. The maternal ego ideal for most women depicts a figure almost devoid of aggression:

> This maternal ego ideal is important, since women have been the primary caretakers of society. Unbridled aggression or uninhibited self-assertion would be inconsistent with that role. Thus,suppression of aggression has been said to have an important adaptive function and women gain satisfaction from serving others. The larger question remains however, whether more accurate recognition of the existence of and the necessity to channel and use aggression is in order...as was the necessity to recognize sexuality. The terrifying destructive violence of Medea stands as a symbol of this fear. (p.17-18)

A woman who acts in her own self-interest and attempts to achieve independence and success in her life (behaviors rooted in the aggressive drive), will often suffer from feelings of guilt, anxiety, or depression, as noted in Matina Horner's classic study on the fear of success in women published in 1972. These findings appear to relate to the woman's perceived sense of failure to live up to her expected feminine role. Her feelings of inadequacy are well-grounded based on research in the last twenty years. The existence of a "double standard" of mental health for men and women, documented in a 1970 study by Broverman et al, found that a general standard of health is actually applied only to men, while healthy women are perceived as significantly less healthy by adult standards. Healthy mature women were described as more submissive, less aggressive, more emotional, and so on. These same characteristics have been rated as socially undesirable in other studies. In a 1974 study by Maracek, subjects were asked to evaluate the level of"sickness" in patients undergoing psychotherapy. They were given statements made by both male or female patients which expressed dependent or aggressive feelings. Results confirmed sex-role biases in the diagnosis of mental disturbance. Females making an angry statement were rated as much more disturbed than a male making the same statement. Conversely, a male expressing dependent feelings was rated as significantly more ill than a female making the same statement. Therefore, it seems that women are in a "no win " situation, whether they accept or reject the stereotypical feminine role.

Today many women are caught in a mire of contradictions and conflicts related to their socialized feminine role. They feel alternately angry or depressed, scared, confused, and alone in a world they were not prepared to enter as autonomous individuals.A large number of these women continue to populate psychiatrists' offices, community clinics, and in-patient psychiatric wards. Their behavior, alternating from compliant adaptiveness to rebellious outrage will be judged harshly by those around them. Their complaints and symptoms will often earn them the label of borderline personality disorder, a diagnosis which has become increasingly conspicuous in the psychiatric assessments and admission evaluations of females in contrast to males.

It would appear from most of the descriptive literature on this disorder, that the behavior and feelings of the borderline individual stems from a basic insecurity about their place in the world. They are characterized as angry, helpless, vulnerable, and dependent. They are not able to get their emotional needs met, causing them to seek dependent attachments to others and/or solace in drugs, alcohol, food, or sex. They are unable to effectively channel their aggressive impulses, often turning against themselves, resulting in physically self-damaging acts and/or depressions. They lack a clear sense of who they are, often exhibiting confusion about their sexual identity. They feel empty and alone most of the time. Is it not surprising then to find more women in this diagnostic group? Many of the above characteristics have been traditionally ascribed to the female in our society. The abandonment feelings and separation fears especially acute in borderline patients, are experienced by many women suffering from the loss of a relationship. It seems to be the <u>degree</u> to which women diagnosed as borderline experience depressions related to abandonment feelings and anxiety about coping autonomously that exaggerates what appears to be a normal outcome of growing up female.

Most authors agree that the borderline patient is developmentally arrested, citing failures during the separation-individuation stage of early childhood,

between 1½ and 3 years of age, which results in inadequate intrapsychic structures. This severely limits their capacity to be alone in the world, since they have not yet internalized complete mental images of the self and others in their environment. James Masterson (1975,1976), a noted authority on the borderline syndrome, contends that the unique problem of the borderline patient, the intensity of their aggressive feelings, is a result of the mother's inability to let her child separate from her and establish an autonomous self. He views the borderline's excessive oral aggression as a consequence of the mother's "early withdrawal of emotional supplies in the wake of her child's efforts toward separation and individuation". Most authors, including Masterson, feel the mothers of borderline patients are usually borderline themselves, suffering from a "defect in her ability to be a separate individual" and therefore is threatened by her child's moves toward independence. The child experiencing abandonment when she attempts to separate, is rewarded for remaining symbiotic.

Masterson's analysis of the mother-child interaction in borderline cases and its cyclical nature, repeating itself in the next generation, is consistent with the clinical evidence reported in the literature and in my own personal work. However, he and others fail to acknowledge the impact on women of a social system which perpetuates their dependence and adherence to their expected role as primary caretaker. One of the earliest descriptions of the mothers of borderline patients,(Wolberg, 1952) serves to highlight the historical bias against women who deviate from their conditioned role:

> They can be classified as (1) obsessive, (2) narcisstic-masculine, (3) paranoid, and (4) passive-schizoid. Thus they may repudiate femininity, desert family responsibility for a career, communicate distrust of the hostile world, or just not"be there", but withdraw from the child into fantasy.

Once again, women are damned if they do...damned if they don't live up to the feminine ideal fostered by a social system designed to keep women in their place, serving others rather than themselves.

Similar role-related conflicts played a significant part in the prevailing neurosis of the late nineteenth century, hysteria which affected largely middle and upper class women in epidemic numbers. It was a condition characterized by agitated behavior, outbursts of laughter or tears, fainting spells, and psychosomatic symptoms such as paralysis, loss of speech,etc. Carroll Smith-Rosenberg (1972) in her study on the hysterical woman in 19th century America, describes that period's social climate:

> The ideal female in 19th century America was expected to be gentle and refined, sensitive and loving. Dependent throughout her life, she was to reward her male protectors with affection and submission. She was in essence to remain a child-woman, never developing the strengths and skills of adult autonomy...(however) Not only was the Victorian woman increasingly ill-prepared for the trials of childbirth and childrearing, but changes were also at work within the larger society which were to make her particular socialization increasingly inappropriate. (p.655-656)

Rosenberg goes on to describe conditions which are strikingly similar to our own time....reduced birth and mortality rates, growing population concentration in urban areas, a new highly mobile economy, as well as patterns of middle class aspiration which all affected domestic relations. Women lived longer, they married later and less often. They spent less and less time in the primary processing of food, cloth, and clothing. More and more both middle and lower class women took jobs outside the home. Family limitation, with its necessary implication of altered domestic roles and relationships, had become a real option within the decision-making process of every family. Therefore, it is quite likely that many women experienced increased anxiety when forced to confront or adapt in one way or another to these changes. Rosenberg viewed the "hysterical fit" as possibly the only acceptable outlet for many women of their rage and discontent. One of her most

important points raised in her study, is that throughou history in virtually every era of Western culture, there has existed some clinical entity called "hysteria" and it has always been seen as peculiarly relevant to the female experience and almost always has carried a condemning implication.

Rosenberg noted that doctors at the time were perplexed by this disorder which had no detectable organic base. Many of them assumed an increasingly angry and threatening attitude towards these women, not unlike the feelings of anger and frustration which have been reported by many psychiatrists and other clinicians working with borderline clients. Some doctors began to suspect that the hysterical woman was faking symptoms in order to manipulate those around her. Women have often been described as "deceptive" and "manipulative" by men, both in clinical situations and in everyday life. Female trickery is a product of the unequal power relations between men and women, as described by Jean Baker-Miller (1976) in her book, Toward a New Psychology of Women :

> A subordinate group has to concentrate on basic survival. Accordingly, direct, honest reaction to destructive treatment is avoided. Open, self-inititated action in its own self-interest must also be avoided. Such actions can, and still do result in death for some subordinate groups. In our own society, a woman's direct action can result in a combination of economic hardship, social ostracism, and psychological isolation and even the diagnosis of a personality disorder. (p.10)

Are the women labeled borderline merely confronting their powerlessness and despair in more overt displays of aggression and rage than their earlier hysterial counterparts? The emergence of this disorder in the last ten to fifteen years coincides with the changes and repercussions resulting from the increased attention to women's issues and concerns in the general culture. Women have been the emotional caretakers of our society, which, as pointed

out earlier, has served to channel their aggressive impulses. As their role expands, women will need to explore new outlets for their aggressive strivings. These changes will not be accepted easily in our male-dominated social system. The rise in violent acts against women, the return of the "vamp" style of clothing, e.g. slit skirts, spiked heels, which accentuate her sexuality, the recent mass production of Hollywood films that feature brutal attacks on women, and the crys of the moral majority who want to return us to the "good old days" of patriarchal rule, are clear indicators of how the dominant culture is dealing with what they perceive as a threat to the existing social order. As long as men continue to dominate the medical profession (and the government), women who deviate from the cultural stereotype will be subject to labels and condemnation. The women described in this paper are casualities of a system which depoliticizes feelings and behavior by ignoring its social context. Denied the legitimacy of their anger and rage they remain victims instead of victors in their struggle to define themselves and their relationships to others.

REFERENCES

Baker Miller, Jean. (1976) Toward a New Psychology of Women, Boston: Beacon Press.

Broverman,I.K.,et al. (1970). " Sex-Role Stereotypes and Clinical Judgements of Mental Health ",Journal of Consulting and Clinical Psychology, 34: 1-7.

Chesler, Phyllis. (1972). Women and Madness, New York: Avon Books.

Ehrenreich, Barbara and English, Deirdre, (1979). For Her Own Good: 150 Years of the Experts' Advice to Women,New York: Anchor Press.

French, Marilyn. (1978). The Women's Room, New York: Jove/HBJ Books.

Harding, M. Esther. (1976). Women's Mysteries, New York: Harper & Row.

Hepburn, Leslie. (1979). " Where Did Everybody Go ?" Equal Times, Vol. 4, No. 77, p.15.

Horner, Matina. (1972). " Toward an Understanding of Achievement-Related Conflicts in Women ", Journal of Social Issues, 28: 157-176.

Maracek, J. (1974). " When Stereotypes Hurt: Response to Dependent and Aggressive Communications " presented at the Eastern Psychological Assn. in Philadelphia, April, 1974.

Masterson, James. (1975). " The Borderline Syndrome: The Role of the Mother in the Genesis and Psychic Structure of the Borderline Personality ", International Journal of Psychoanalysis, 56: 163-176.

_____. (1976). Psychotherapy of the Borderline Adult, New York: Brunner/Mazel.

Smith-Rosenberg, Carroll. (1972). " The Hysterical Woman: Sex Roles in Nineteenth Century America ", Social Research, 39:4, 652-678.

Wolberg, A. (1952). " The Borderline Patient ", American Journal of Psychotherapy, 6: 694-701.

Zilbach, J.,Notman, M., Nadelson,C.,and Baker Miller, J. (1979) " Reconsideration of Aggression and Self-Esteem in Women ",presented at the International Psychoanalytic Association meeting in New York, August 4, 1979.